PUBLIC NOTICE OF THE MEETING OF THE
Arizona Early Childhood Development and Health Board
Colorado River Indian Tribes Regional Partnership Council

Pursuant to A.R.S. § 8-1194 (A) and A.R.S. § 38-431.02, notice is hereby given to the members of the First Things First Arizona Early Childhood Development & Health Board, Colorado River Indian Tribes Regional Partnership Council, and to the general public that the Colorado River Indian Tribes Regional Partnership Council will hold a Regular Meeting open to the public on Tuesday, December 3rd, 2013 at 10:00 a.m. at Arizona Western College, Room 111, 1109 Geronimo, Parker, Arizona 85344. Some members of the Regional Partnership Council may elect to participate telephonically.

Pursuant to A.R.S. § 38-431.03(A) (1), A.R.S. § 38-431.03(A) (2) and A.R.S. § 38-431.03(A) (3), the Regional Partnership Council may vote to go into Executive Session, which will not be open to the general public, to discuss personnel items, records exempt from public inspection and/or obtain legal advice on any item on this agenda.

The Regional Partnership Council may hear items on the agenda out of order. The Regional Partnership Council may discuss, consider, or take action regarding any item on the agenda. The Regional Partnership Council may elect to solicit public comment on any of the agenda items.

Meeting Agenda

1. Call to Order/ Welcome and Introductions
   Veronica Homer, Chair

2. Declarations of Conflicts of Interest
   Veronica Homer, Chair
   Members will address potential conflicts of interest regarding items on this agenda.

3. Possible Approval of October 29, 2013 Meeting Minutes
   (Attachment 1)
   Veronica Homer, Chair

4. Family Support Statewide and Quality Assurance Update Family
   (Attachments 2a – 2b)
   Stephanie Willis, Program Specialist for Support and Literacy

5. Possible Approval of the Fiscal Year 2015 Funding Plan
   (Discussion and Possible Action) (Attachment 3)
   Veronica Homer, Chair
   Ashley Pascual, Regional Director

6. 2014 Family Community Survey Recommendations
   (Discussion and Possible Action) (Attachment 4)
   Ashley Pascual, Regional Director
7. Parent Outreach and Community Awareness Update  Erin Taylor, Community Outreach Coordinator  
(Attachment 5)

8. Regional Director’s Update (Attachment 6)  Ashley Pascual, Regional Director

9. Regional Partnership Council Member Announcements  Regional Partnership Council Members

10. Call to the Public  Veronica Homer, Chair
    This is the time for the public to comment. Members of the Regional Partnership Council may not discuss or take legal action regarding matters that are not specifically identified on the agenda. Therefore, pursuant to A.R.S. §38-431.01(H), action taken as a result of public comment will be limited to directing staff to study the matter, responding to any criticism, or scheduling the matter for further consideration and decision at a later date. Public comments relative to a specific agenda item may be heard during the discussion of that item.

11. Next Meeting and Adoption of the 2014 Meeting Schedule  Veronica Homer, Chair  
(Discussion and Possible Action) (Attachment 7)

12. Adjournment  Veronica Homer, Chair

A person with a disability may request a reasonable accommodation such as a sign language interpreter by contacting Bylli Esquerra, Administrative Assistant II, at (928) 669-2473. Requests should be made as early as possible to allow time to arrange the accommodation.

Dated this 25th day of November 2013

Colorado River Indian Tribes Regional Partnership Council

____________________________________________________
Ashley Pascual, Regional Director
Call to Order
The meeting of the First Things First – Colorado River Indian Tribes Regional Partnership Council was held on October 29, 2013 at 10:00 a.m.

The meeting was called to order by Chair Homer at 10:05 a.m.

Members Present
Veronica Homer, Jackie Flores, Gloria Flores-Lopez, Patricia Fritz, Dru Waggoner, Arlinda Setoyant

Members Absent
Monica Ragsdale, Elizabeth “Heather” Wilson, Rachel Garcia, Amelia Flores

Declarations of Conflicts of Interest
No Members declared a Conflict of Interest.

Approval of Minutes from August 20, 2013
Motion made by Member Flores to approve the August 20, 2013, meeting minutes with date change. Motion was seconded by Member Flores-Lopez. Motion passed unanimously by Members present.

Chairs and Vice-Chairs Leadership Forums Summary
Regional Director Ashley Pascual provided the Regional Council with a summary of the discussions that took place during the last two Leadership Forums. The Regional Council had discussion on the information. Chair Homer attended the Forum in August 2013, and Member Waggoner attended the Forum in October 2013.

Fiscal Year 2015 Regional Funding Plan Development
Regional Director Pascual provided the Regional Council with a presentation of the Regional Council allocation for State Fiscal Year 2015, including the Board’s new direction regarding the planning of Carry Forward. The Funding Plan Sub-committee recommendations were presented by Regional Director Pascual and Chair Homer.

Motion made by Member Flores to approve the State Fiscal Year 2015 Regional Funding Plan Draft. Motion seconded by Member Flores-Lopez. Motion passed unanimously by Members present.

Election of FY2015 Regional Council Vice Chair
Member Waggoner nominated Member Flores for Vice Chair. No further nominations were made.

Motion made by Member Waggoner to elect Member Flores as Vice-Chair for Fiscal Year 2015 of the Colorado River Indian Tribes Regional Partnership Council. Motion seconded by Member Flores-Lopez. Motion passed unanimously by members present.

FTF Tribal Data Partnership Work
Tribal Data Partnership Coordinator Ina Perez provided a presentation to the Regional Council on her job description and duties.
Regional Director’s Report

a. **Possible 2014 Meeting Schedule** - Regional Director Pascual provided the Regional Council Members with proposed meeting dates to look at and possibly approve at the December Meeting. Members agreed with the proposed dates.

b. **Early Childhood System Discussion** – Regional Director Pascual presented an update and facilitated a discussion with the Regional Council regarding their priorities for a better coordinated system for children in the region. The Regional Council will have an opportunity to have discussion at December’s Meeting. Further discussion was held with Regional Council Member reaffirming their system-building direction.

c. **2014 Regional Needs and Assets Assessment Progress** - Regional Director Pascual informed the Regional Council that the Ethics Review Board (ERB) approved the Needs an Assets Assessment and are waiting for Tribal Council approval. Chair Homer informed the Regional Council that the ERB changed to a new title: the Cultural and Human Resources Review Board.

d. **Updates and Upcoming Events** – Regional Director Pascual provided the Regional Council with updates and upcoming events. Senior Regional Director Gary Arnold invited the Regional Council Members to the Head Start on November 20th for the Lanna’s Library Dedication.

e. **Arizona Early Childhood Summit** – Debrief – Regional Director Pascual and Regional Council Members discussed comments and concerns of the Summit. Positive comments surrounded the Tribal Gathering speaker and panels, and the only negative criticism was regarding the cost of meals at the hotel and surrounding venues.

Regional Partnership Council Member Announcements

Vice-Chair Flores announced that Head Start students will only be Trick or Treating at the Tribal Office and everyone is invited to set up there on October 31, 2013 around 10:00 am. Vice Chair Flores also announced that Toys for Tots is accepting donations of wrapping paper, tape, scissors, and volunteers to wrap the toys. The next meeting and wrapping event will begin at 8:00am on November 9th.

Next Meeting and Adjournment

The next meeting is scheduled for December 3rd at 10:00 am at Arizona Western College.

Member Fritz made a motion to adjourn at 12:00 p.m. The motion was seconded by Member Flores-Lopez. Motion passed unanimously by members present.

______________________________________________                                    ______________________________________________
Veronica Homer, Chair                  Bylli Esquerra, Administrative Assistant II
Colorado River Indian Tribes Regional Partnership Council
Family Support and Literacy Strategies

Regional
- Home Visitation
- Family Resource Center
- Family Support Coordination
- Newborn Follow Up
- Food Security
- Parent Outreach and Awareness*

- Family Support Children with Special Needs
- Native Language Preservation
- Parent Education
- Community Based Training
- Curriculum Development
- Parent Education

*Strategy funded by CRIT
Family Support and Literacy Strategies
Statewide and Multi Regional
- Parent Kit
- Birth to Five Helpline
- Reach Out and Read

Gaps
- High rates of poverty
- Medically underserved
- Lower proportion 3rd graders passing the of AIMS test
- Lower academic attainment for adults
• Assets
  – Safe communities
  – Collaborations and resource sharing
  – High school enrollment for children 3 and 4 years old
  – High number of children living with a family member

• Needs
  – A need to support early literacy, to help children arrive in school ready to succeed
  – Improved access to and utilization of early and continuous prenatal care
  – A high rate of births to teen mothers

Family Support and Literacy Strategies

• Home Visitation
• Parent Education Community Based Training
• Family Support Children with Specialist Needs
• Food Security
Quality Assurance

Upcoming Site Visits

- Fiscal Year 2014 Quarter Three
  - Scholarship non-TEACH

- Fiscal Year 2015
  - Parent Outreach and Awareness
Thank you!
Family Support and Literacy Strategies 1.0

Updated November, 2013
1. Curriculum Development – Parent Education

Curriculum Development – Parent Education helps families of young children enhance their parenting skills. Research, develop and deliver effective parent education for specific target populations and where no appropriate curriculum exists.

This strategy allows regions to develop their own curriculum for parent education. FTF funds the continuum of high-quality services and support that will be planned, developed and delivered in a family-centered, comprehensive, collaborative, culturally and linguistically responsive manner that best meets the needs and preferences of families.

As a result of FTF’s efforts, families who need or want assistance have the support they need to use language and play throughout their daily routines and interactions, to read with their children daily and increase their competence and confidence about their ability to support their child’s safety, health and well-being.

Curriculum Development – Parent Education is a deliverable-based strategy and therefore no SOP exists. The deliverable is the curriculum that would be developed and subsequently implemented in a region. This allows the region to create curriculum that is specialized to the unique cultural and linguistic characteristics of the region, rural areas in particular.

Challenges to Curriculum Development – Parent Education:
- This is not a well-funded strategy, currently only one region funds this strategy.
- Regions using this strategy will need to rely heavily on the Programs Division for support and guidance.
- There is not any FTF history with this strategy so grantees have little guidance with development.
- It is recommended that the grantee use evidence-based curriculum that already exist, such as Parents as Teachers and adopt or modify to meet the needs of their unique area(s) while maintaining fidelity to the model.
2. Family Resource Centers

The goal of Family Resource Centers (FRCs) is to strengthen families of young children by providing locally-based information and instruction on health and child development issues. They provide local resources relating to training and educational opportunities, resources and links to other services for healthy child development.

FRCs are embedded in local communities to provide families with young children access to information and/or education on a variety of child development and health topics. Information about where and when parenting education programs are available should be easily accessible by all interested persons. These centers can also contribute to the community building process as they serve as a central location for engaging local community organizations and local government in the identification and resolution of community concerns.

FTF funded resource centers should promote the use of the Arizona Parent Kit, Birth to Five Helpline and bring awareness to the availability of other FTF statewide and regional strategies such as Quality First! and Parent Education-Community Based Training.

In addition to providing resource, referral and information services through resource centers, Councils should consider how an existing resource center will enhance the network of agencies supporting families in the region. FRCs can incorporate and implement other family support strategies such as Community-Based Parent Education and serve as a location for FTF grantees and other community services programs and providers to meet on partnership and collaboration activities.

Other FTF strategies that may couple with FRCs include: Health Insurance Enrollment, Parent Education-Community Based Training, Developmental Screening and Food Security.

Councils may identify partnerships with cities or other state and local entities in expansion or development of a family resource center. Considerations for implementation should include how FTF funded resource, referral, parent awareness and outreach activities and/or community based parent education will be incorporated into existing programming/services already being offered at the center.

Challenges to Family Resource Centers:

- A plan for recruitment and outreach to families and the community must be identified. This can take a considerable amount of time before families can actually begin to utilize a resource center (2-3 months).
- Average costs for this strategy range from $50,000 - $300,000 depending on whether other strategies are incorporated.
3. Family Support – Children with Special Needs

The goal of Family Support-Children with Special needs is to improve the education and health of children with special needs who do not qualify for publicly funded early intervention programs. This strategy provides coaching, group activities and services to the parents of children with special needs. Services are designed to help their child reach his/her fullest potential.

This strategy specifically targets children who have been screened and referred for evaluation of eligibility for intervention services (either through AzEIP or their local school district), but who are found not to qualify.

To assist families in developing knowledge and skills to enhance their abilities to help their children reach their fullest potential, FTF promotes a Parent Coaching and Support model to provide individualized support in coordination with an interactive parent and child together model of services.

The core components of the Parent Coaching and Support Services Model include:

- Individual visits
- Ongoing child progress monitoring and screening
- Parent and child interactive time
- Networking and coordination of services.

Considerations for Implementation:

- This model is best utilized where strong developmental screening activities are occurring to provide a foundation for recruiting families into the program.
- Councils should be aware of the capacity of agencies in their region to implement this strategy, for example: grantees must have a strong understanding of the referral systems in the community.
- Grantees are best prepared to implement this strategy if they have an understanding of routines based on interviewing and other ways to support families in their understanding of their child’s development.

Challenges for Family Support – Children with Special Needs:

- Travel expenses may be high especially in rural areas
- Salary costs for qualified personnel may be high, especially when using an evidenced-based model of service delivery.
- Rental fees may need to be considered for parent meeting locations due to the interactive nature of parent groups.
- Other start-up costs may be high when using an evidenced-based model of service delivery, such as staff training, supervisor training, parent materials and child materials.
4. Family Support Coordination

The goal of Family Support Coordination (FRC) is to improve service delivery to families with young children by streamlining the system and simplifying application procedures through the use of a case manager. This strategy is intended to improve the coordination of, and access to, family support services and programs.

To make the best choices, families need access to information that educates them about what their child is learning and doing, how to optimally support early childhood development and child health and what resources or programs are available in their community. Families also need opportunities to connect with other families in their community. The continuum of high-quality services and support will be planned, developed, funded and delivered in a family-centered, comprehensive, collaborative, culturally and linguistically responsive manner that best meets the needs and preferences of families, leverages available resources, and involved families in the program development and implementation. As a result of FTF’s efforts, families who need or want assistance have the support they need to use language and play throughout their daily routines and interactions, read with their children daily and increase their competence and confidence about their ability to support their child’s safety, health and well-being.

To meet the families’ needs for clear and specific information, councils can implement a family support coordination strategy that serves families primarily through direct case management service. The strategy is implemented in five steps:

- Assessment
- Goal setting and service plan development
- Identification and linkages to services
- Coordination and monitoring of services, and;
- Disengagement

An effective case manager works with many different provider agencies to arrange and monitor delivery of appropriate services and support. The level of case manager involvement depends on the degree and immediacy of the needs of the particular individual or family. An appropriate referral should be initiated in those cases where intensive case management should be provided to those families whose assessments indicate immediate need such as those families experiencing a crisis and/or who are at high risk for substance abuse and/or domestic violence.

Case Management is an individual family-level intervention that supports families of young children in accessing and receiving timely and efficient services based on their needs in their community. The primary objectives of case management are to:

- Identify and prioritize a family’s needs through an interactive assessment process
- Develop a family service plan in partnership with each family served
- Identify and link the appropriate services and service providers for the family
- Coordinate and monitor services to ensure services are provided in a timely and meaningful way to meet each family’s needs while aiming to reduce duplication and increase access to services. Assure that services are provided in a collaborative manner that promotes flexibility, eliminates threatening competitive negativity among providers and provides consistent information to family members. Establish pathways and mechanisms for exchange of service delivery information and data.
- Identify in the family service plan the resources and timelines needed for eventual disengagement and transition from formal case management services.
5. **Food Security**

The goal of Food Security is to improve the health and nutrition of children and their families by distributing food boxes and basic necessity items to families in need of assistance.

Through this strategy, FTF funding can be used to support the distribution of emergency food boxes with a focus on including items and nutritional resources for families with young children. Boxes provide food during an emergency situation. Each box provides a three-day supply of food and serves a family until more permanent assistance is found.

Programs which provide food boxes funded through First Things First should work to support families with young children when they lack access to sufficient, safe and nutritious food in order to meet the dietary needs of both young children and parents who care for them. Information about healthy eating and nutrition appropriate for young children and their families can be shared as part of food distribution activities.

To support families facing food insecurity and prevent potential long-term negative effects of under-nutrition in young children, the American Academy of Pediatrics has created a general outline of daily feeding schedules for infants, toddlers, and preschoolers. FTF funded food security grants will follow the AAP guidelines and the other requirements listed in the FTF Standards of Practice.

**Considerations for Implementation:**

- Councils should identify the existing providers and develop strategies that expand service provision and/or focus on supporting families with infants, toddlers and preschoolers.
- Food bank expansion depends on the following variables: a) capacity for storage, and b) the number of available volunteers.
- In most cases distribution of food boxes can begin almost immediately with established providers if food storage and mechanisms for serving families is already established.

**Cost:**

- Approximate cost is $15-$20 for a 3-day emergency food box which includes food for children ages one through five years. If including infant supplements such as diapers, and/or pureed foods, the cost may increase from this range.
6. Birth to Five Helpline

The goal of the Birth to Five Helpline is to assist families with young children to receive free answers to their toughest parenting questions by providing advice and information on child development and behavior to families through a phone line staffed by child development specialists.

The Birth to Five Helpline should also refer families to appropriate services in their community based on the individual needs of the family.

Birth to Five Helpline information can be found in the Arizona Parent Kit and should be distributed or available for families at Family Resource Centers.

This is a statewide strategy and is also deliverable based so no SOP exists for this strategy.

Cost:
- $100,000 annually is dedicated to this strategy.
7. Home Visitation

The goal of Home Visitation is to give young children stronger, more supportive relationships with their parents through in-home services on a variety of topics, including parenting skills, early childhood development, literacy, etc. Home visitation connects parents with community resources to help them better support their child’s health and early learning; provides voluntary in-home services for infants, children and their families, focusing on parenting skills, early physical and social development, literacy, health and nutrition; and connects families to resources to support their child’s health and early learning. The use of evidence-based programs is recommended for this strategy.

Home visitors are professionals trained in child development and family support make regular, scheduled visits to each family’s home or other natural environments such as the library. Home visitors meet with the family and their infant, toddler or with a family expecting a child, to answer questions, provide information and resources, support and advise parents on parenting skills or assist in early detection of any developmental problems in the young child. The specialized skills and qualifications of home visitors are critical to the successful implementation of home visitation programs. Home visitors build trusting relationships with each family. They observe daily routines and interactions to help parents identify and interpret their child’s cues and offer information, guidance and coaching so that families can best support their own child’s growth and development.

Family participation in a home visitation program is voluntary, with no fee for service to families. A family-centered approach is utilized with consideration for each child’s present level of development, parent/families knowledge and understanding of child development including social emotional, language and literacy, cognitive, physical and motor development, current parenting practices, daily routines and interactions, or other information/instructional needs.

Home visitation includes a required component for developmental and sensory screening. In addition, the Child Protective Services Policy provides guidance on how to serve children receiving services through CPS.

Challenges to Implementation:

- When establishing a home visitation program new to a region, it can take several months (3-6 or more) to ramp up prior to family enrollment and service provision.
- Home visitation models should be evidence-based which may be difficult to implement in rural areas.
- Evidence-based models may require service providers to have a minimum of a Bachelor’s degree which may be difficult to recruit in highly rural areas.

Cost:

- Costs vary per program model due to variance in requirements for educational level of home visitor, frequency of home visits and duration of visits needed to serve the target population
- Cost must include model affiliation, accreditation and/or certifications costs.
- Cost per family annually can range from $3,500 to $9,800 depending on the program model, frequency and duration of home visits.

Other Considerations:

- Staff will receive training and information regarding mandatory reporting. Arizona law requires home visitation staff who suspect that a child has received a non-accidental injury or has been neglected, to report their concerns to Child Protective Services or local law enforcement (ARS §13-3620.A).
8. Native Language Preservation

The goal of Native Language Preservation is to connect children in tribal communities to their native language and culture in the critical early years. Native Language Preservation provides materials, awareness and outreach to promote native language and cultural acquisition for the young children of Tribal families.

FTF Native Language Enrichment strategies fund the education of early care and education (ECE) providers to support native language and cultural acquisition for the young children of Native American families in child care, early head start/head start or other group settings as part of the regular programming and curriculum. As providers are trained, they can work with children in the classroom or home care settings and provide family informational sessions or other family engagement activities.

ECE providers, parents and families can learn about activities which support early language and literacy development and can become part of their daily routines. It is critical that adults understand the importance of and how to read, talk and sing with their infants, toddlers and preschoolers on a daily basis.

This strategy includes the following activities:

- Inform and educate ECE providers, parents and families on typical early language and emergent literacy development for children ages birth through five.
- Weave literacy coaching and instruction into the activities of all ECE program components. Insure activities are presented and practiced in contexts that are meaningful to families' lives and needs. It is critical that parents and families are taught to bridge classroom experiences to home environments with their own young children.
- Provide learning opportunities for parents on how to be the primary teacher for their children and enhance their role full partners in the education of their children.
- Actively engage parents in learning how everyday experiences can nurture the literacy development of their children.
- Support parents in maintaining language and literacy-rich home environment i.e. children’s books, print material, photos, magazines
- Assist parents to learn how to advocate for their children within a variety of settings, including school, child care and human service agencies.
- Use a research-based curriculum and activities to promote learning in contexts which are relevant to the lives of the children and families.

**Considerations for implementation:**

- Expect considerable time for program development, six months to one year, prior to service delivery to children and families is implemented.

**Cost:** At a minimum, $15,000 to adapt an existing curriculum, produce one children’s book and educate one to two ECE providers.
9. Newborn Follow-Up

A newborn home visit can provide resources and information to all families after coming home from the hospital. This newborn home visit is a bridge that links all families of newborns with the resources in their local community within the comfort and safety of the home environment.

While directly serving families, implementation of a newborn home visit strategy serves as an entry point into a system of family support and services – creating awareness of the resources, supports and services available to address the universal needs of all families to the targeted needs of families who may be at-risk. This strategy can be built in as part of the overall early childhood system infrastructure with universal reach and positive impacts for Arizona’s newborn babies and their families.

A one-time home visit by a qualified home visitor will provide information on the resources available and will be offered at no cost on a voluntary basis. Preliminary information can be gathered at hospital intake.

- The qualified home visitor should make any/all appropriate referrals (e.g. child care resource and referral, health insurance enrollment, pediatric primary care, housing, food security, mental/behavioral health, child protective services).
- A more detailed review of the Arizona Parent Kit will be conducted with each family. The home visitor will highlight particular pages in the Parent Resource Guide and particular DVDs or segments from the DVDs that provide information specific to the family’s needs or questions about their newborn’s development or health.

Considerations for implementation:

- Prior to serving families, staff must have professional training or have participated in development opportunities to ensure a level of competency in service delivery (e.g. building rapport with families, child development, child health, caring for newborns, and information on local resources).
- Staff will receive training and information regarding mandatory reporting. Arizona law requires home visitation staff who suspect that a child has received a non-accidental injury or has been neglected, to report their concerns to Child Protective Services or local law enforcement (ARS §13-3620.A).
10. Parent Education – Community Based Training

The goal of Parent Education – Community Based Training (PE-CBT) is to strengthen families with young children by providing voluntary classes focused on parenting, child development and problem-solving skills in community-based settings.

Community-based parent education should be offered at times and locations convenient to families of young children. Using a family-centered and strengths-based approach these programs should offer families a series of classes that provide information and support in each of the core areas: child development, parenting skills, and resource and referral. A parent education program that has an evidence base and a proven track record with the target population should be utilized and implemented. Examples include: The Incredible Years, Nurturing Parenting Program and Growing Great Kids.

Additionally, families should be supported to understand that daily exposure to verbal and written language provides young children with the opportunities to begin acquiring a basic understanding of the concepts of literacy and its functions. Through play, children learn to create meaning from language and communicate with others using verbal and non-verbal language, pictures, symbols and print. Environments rich with print, language, storytelling, books, technology, and writing materials allow children to experience the joy and power associated with reading and writing, while mastering basic concepts about print. Programs are respectful and supportive of children’s cultural heritages and home languages while encouraging English language acquisition. The abilities to listen, speak, read, and write emerge interdependently in environments designed to meet each child’s unique skills, abilities, interests, and needs.

Considerations for Implementation:

- Family participation in community-based family education services is voluntary and must be provided free of charge to the family.
- Programs must identify curricula which is evidence-based programs for families of children birth through five.
- This strategy should be implemented in coordination with other family support strategies such as home visitation and/or resource center strategies to ensure optimal programming for each family. FTF funded programs should also support families to use their Arizona Parent Kit, or access the Birth to Five Helpline. Programs should refer families to other FTF or other community resources as a regular part of the curriculum and services.

Cost:

- Costs will vary depending upon program approach: adult-only or adult and child sessions, frequency and duration of each series and individual class session.
- Estimate $2000 to $3000 per family on an annual basis.
11. Parent Kits

The goal of this strategy is to give parents of every newborn in Arizona critical information about healthy parenting practices and how to support their baby’s early learning. Parent Kits provide families of every newborn leaving the hospital with the Arizona Parent Kit, which includes 6 DVDs about good parenting practices, a resource guide, a book to encourage early literacy and information on the Birth to Five Helpline.

This is a statewide strategy, is deliverable based, therefore no Standard of Practice exists for this strategy.

Cost:
- This is a statewide strategy with $1,600,000 devoted to bringing critical information to new parents in Arizona.

Considerations for Implementation:
- The contents of the Parent Kits are currently being reviewed for relevance and to take into consideration technological advances.
- Recently, it was approved that FTF will be able to sell the Parent Kit to those wishing to purchase a kit, such as:
  - Parents who move to Arizona after the birth of their child
  - Military birthing centers
  - Out of state partners
  - Family support providers
  - Regional councils
12. Parent Outreach and Awareness

The goal of Parent Outreach and Awareness is to provide families with education, materials and connections to resources and activities which promote healthy development and school readiness. Another goal is to improve child development by educating parents and connecting them to resources and activities which promote healthy growth and school readiness.

Parents and Families benefit from up to date and readily accessible information about child development, including:

- Clear and specific information on the importance of frequent and attentive interaction with their child with specific examples and guides.
- Parent tips and resources on how to limit TV and other electronic devices to enrich interactions with their child not substitute interactions.
- Research-based knowledge about what to expect from their child at each age to help parents guide their child and set appropriate rules and boundaries.
- Targeted outreach for parents with children in poor health or children who have developmental delays related to available services and eligibility.
- Targeted outreach for parents of lower income and education related to available services and eligibility.

Opportunities to partner with other State and local agency efforts should be considered. For example, resource distribution and workshops: councils can partner with libraries to provide story times for families of young children, offer free children's books for each family to take home while information on the importance of early literacy and reading to children daily is shared with families. Workshops can offer low-income or at-risk families of the availability/eligibility requirements of programs such as WIC and AHCCCS and how to enroll and/or provide information on the availability of free or low-cost medical or immunization clinics. Another example, outreach activities can provide families with information about the value of home visitation and how families can enroll and participate.

Considerations for Implementation:

- If development of new media or new materials is necessary, considerable time will need to be dedicated prior to distribution. For example, if a resource guide must be newly created, this may take several months to identify content, format and design. Time for printing and production is also a factor.
- All materials distributed using FTF funds should be easily recognized as coming from FTF.

Cost:

- Costs range from $500 to $1,000 per family, per year for resource distribution and/or workshop activities.
13. Reach Out and Read

The goal of Reach Out and Read (ROR) is to increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.

FTF funded Community Based Literacy Programs:
• Provide training for parents that will assist them in improving the skills to be their child's first teacher.
• Provide information or education on developmentally appropriate learning opportunities that support early language and literacy development which prepares children for success in school and life.
• Make accommodations in curriculum for children and adults with special needs.
• Provide “family-friendly” community sites that offer family literacy and parenting education to enable adults to attain proficiency in basic skills.
• Offer developmentally appropriate early language and literacy activities for infants, toddlers and preschoolers.

Reach Out and Read: ROR is a program whose mission is "...to make literacy promotion a standard part of pediatric primary care, so that children grow up with books and a love of reading" (Reach Out and Read Arizona, 2008). The ROR program is delivered through medical practices, and trains doctors and nurses to advise parents about the importance of reading aloud. It also provides books to children at pediatric check-ups from six months to five years of age.

Considerations for Implementation:
• This strategy currently does not have a Standard of Practice. The Reach Out and Read model has an established administrative home – the Arizona Academy of Pediatrics.
• Grantees must maintain model fidelity and standing with the administrative home.

Cost:
• Community Based Literacy RFGA applicants should include narrative and budget information specific to the activities, responsibilities and related costs to maintain this program’s affiliation, accreditation and/or certification.
COLOARDO RIVER INDIAN TRIBES REGIONAL PARTNERSHIP COUNCIL

Regional Funding Plan
SFY15
July 1, 2014 - June 30, 2015

I. Regional Allocation Summary
Funds Available for SFY14 and 15

II. Review of SFY14 Funding Plan
A. Strategy Allotments and Awards
B. Strategies and Units of Service

III. SFY15 Funding Plan
A. Regional Priorities, Selected FTF Indicators and Priority Roles, and Strategies to Achieve Outcomes
B. Changes in Strategies from SFY14 to SFY15
C. Target Service Units Proposed
D. New Proposed Strategies
E. SFY15 Proposed Funding Summary including the SFY13 -15 Regional Partnership Council Budget

Section I.
Regional Allocation Summary
Funds Available for SFY 15

Colorado River Indian Tribes Regional Partnership Council

<table>
<thead>
<tr>
<th>Allocations and Funding Sources</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY Allocation</td>
<td>$227,338</td>
<td>$255,159</td>
<td>$277,675</td>
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<tr>
<td>Population Based Allocation</td>
<td>$129,021</td>
<td>$147,650</td>
<td>$161,664</td>
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<td>Discretionary Allocation</td>
<td>$74,172</td>
<td>$81,701</td>
<td>$87,973</td>
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<tr>
<td>Other (FTF Fund balance addition)</td>
<td>$24,145</td>
<td>$25,808</td>
<td>$28,038</td>
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<tr>
<td>Carry Forward From Previous Year</td>
<td>$151,082</td>
<td>$184,550</td>
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<tr>
<td><strong>Total Regional Council Funds</strong></td>
<td><strong>$378,420</strong></td>
<td><strong>$439,709</strong></td>
<td><strong>$443,898</strong></td>
</tr>
</tbody>
</table>
Section II. A.  
Review of SFY14 Funding Plan  
Strategy Allotments and Awards  

**SFY 14**  
Colorado River Indian Tribes Regional Partnership Council  
Funding Plan Summary

<table>
<thead>
<tr>
<th>Allocations and Funding Sources</th>
<th>2014</th>
</tr>
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<tbody>
<tr>
<td>FY Allocation</td>
<td>$255,159</td>
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<td><strong>$439,709</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Allotted</th>
<th>Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality First Academy</td>
<td>$2,819</td>
<td>$2,342</td>
</tr>
<tr>
<td>Quality First Coaching &amp; Incentives</td>
<td>$42,141</td>
<td>$42,141</td>
</tr>
<tr>
<td>Quality First Child Care Health Consultation Warmline</td>
<td>$142</td>
<td>$142</td>
</tr>
<tr>
<td>Quality First Inclusion Warmline</td>
<td>$627</td>
<td>$627</td>
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<tr>
<td>Quality First Mental Health Consultation Warmline</td>
<td>$645</td>
<td>$645</td>
</tr>
<tr>
<td>Quality First Warmline Triage</td>
<td>$251</td>
<td>$251</td>
</tr>
<tr>
<td>Child Care Health Consultation</td>
<td>$7,418</td>
<td>$7,418</td>
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<tr>
<td>Quality First Scholarships</td>
<td>$102,580</td>
<td>$102,580</td>
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<tr>
<td>Nutrition/Obesity/Physical Activity</td>
<td>$27,102</td>
<td>$27,102</td>
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<tr>
<td>Parent Outreach and Awareness</td>
<td>$105,000</td>
<td>$105,000</td>
</tr>
<tr>
<td>Scholarships non-TEACH</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>Statewide Evaluation</td>
<td>$13,648</td>
<td>$13,648</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$303,873</strong></td>
<td><strong>$303,395</strong></td>
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<tr>
<td><strong>Total Unallotted</strong></td>
<td><strong>$135,836</strong></td>
<td><strong>$478</strong></td>
</tr>
</tbody>
</table>
Section II. B.
Review of SFY14 Funding Plan
Strategies and Units of Service

Colorado River Indian Tribes Regional Partnership Council
Units of Service by Strategy

<table>
<thead>
<tr>
<th>Strategy Description</th>
<th>Fiscal Year 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Targeted Units</td>
</tr>
<tr>
<td>Quality First Strategy</td>
<td></td>
</tr>
<tr>
<td>Number of center based providers served</td>
<td>2</td>
</tr>
<tr>
<td>Number of home based providers served</td>
<td>1</td>
</tr>
<tr>
<td>Quality First Coaching &amp; Incentives Strategy</td>
<td></td>
</tr>
<tr>
<td>Number of Centers</td>
<td>0</td>
</tr>
<tr>
<td>Number of Homes</td>
<td>0</td>
</tr>
<tr>
<td>Number of Rating Only Centers</td>
<td>0</td>
</tr>
<tr>
<td>Quality First Scholarships Strategy</td>
<td></td>
</tr>
<tr>
<td>Number of scholarship slots for children 0-5 years</td>
<td>22</td>
</tr>
<tr>
<td>Scholarships non-TEACH Strategy</td>
<td></td>
</tr>
<tr>
<td>Number of professionals receiving scholarships</td>
<td>2</td>
</tr>
<tr>
<td>Scholarships TEACH Strategy</td>
<td></td>
</tr>
<tr>
<td>Number of professionals receiving scholarships</td>
<td>5</td>
</tr>
<tr>
<td>Child Care Health Consultation Strategy</td>
<td></td>
</tr>
<tr>
<td>Number of center based providers served</td>
<td>2</td>
</tr>
<tr>
<td>Number of home based providers served</td>
<td>1</td>
</tr>
<tr>
<td>Number of Non-QF Centers</td>
<td>0</td>
</tr>
<tr>
<td>Number of Non-QF Homes</td>
<td>0</td>
</tr>
<tr>
<td>Nutrition/Obeity/Physical Activity Strategy</td>
<td></td>
</tr>
<tr>
<td>Number of children served</td>
<td>216</td>
</tr>
<tr>
<td>Number of participating adults</td>
<td>300</td>
</tr>
<tr>
<td>Parent Outreach and Awareness Strategy</td>
<td></td>
</tr>
<tr>
<td>Number of books distributed</td>
<td>216</td>
</tr>
<tr>
<td>Number of events held</td>
<td>34</td>
</tr>
<tr>
<td>Number of resource guides distributed</td>
<td>0</td>
</tr>
<tr>
<td>Number of workshops held</td>
<td>4</td>
</tr>
</tbody>
</table>

Notes about SFY14 contracted service units:

Scholarships TEACH Service Numbers:
The Scholarships TEACH strategy has Target Service Units which reflect the strategy targets for both “Statewide funded TEACH” and “additional (Regional) TEACH”. Statewide funded TEACH slots are prioritized for Quality First providers and the Contracted Service Units include only the “additional TEACH” slots that are funded by the region. In FY14, Target Service Units for TEACH represent the goal of the region and State to serve two scholars at every center enrolled in Quality First and one scholar for every home provider enrolled in Quality First. Contracted service units are lower than the target service unit goal for all regions in FY14 as they were derived from a formula that takes into account actual scholarship usage over the history of the program. For this region, we only have “Statewide funded TEACH” available and the contracted units are 5. In FY15, the Targeted and Contracted service units are the same.
### Section III. A.
SFY15 Funding Plan
Regional Priorities, Selected FTF Indicators and Priority Roles, and Strategies to Achieve Outcomes

<table>
<thead>
<tr>
<th>Regional Priority to be addressed</th>
<th>School Readiness Indicators Correlated to the needs and priority roles</th>
<th>FTF Priority Roles in the Early Childhood System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited access to high quality and affordable early childhood education</td>
<td><strong>1.</strong> #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical</td>
<td>Supports and Services for Families - Convene partners, provide leadership, provide funding, and advocate for development, enhancement, and sustainability of a variety of high quality, culturally responsive, and affordable services, supports, and community resources for young children and their families. FS&amp;L-2</td>
</tr>
<tr>
<td>Limited knowledge and awareness of the importance of early childhood development and health</td>
<td><strong>7.</strong> #/% of children ages 2-5 at a healthy weight (Body Mass Index-BMI) HLTH-3</td>
<td>Access to Quality Health Care Coverage and Services - Collaborate with partners to support improved nutrition and increased age/developmentally appropriate physical activity levels among young children. HLTH-3</td>
</tr>
<tr>
<td>Limited access to parent education and information</td>
<td><strong>10.</strong> % of families who report they are competent and confident about their ability to support their child’s safety, health and well-being FS&amp;L-2</td>
<td>Supports and Services for Families - Convene partners, provide leadership, provide funding, and advocate for development, enhancement, and sustainability of a variety of high quality, culturally responsive, and affordable services, supports, and community resources for young children and their families. FS&amp;L-2</td>
</tr>
<tr>
<td>Need for a more skilled and educated early childhood workforce</td>
<td></td>
<td>Building Public Awareness and Support - Convene partners, provide leadership, and provide funding for efforts to increase public awareness of and support for early childhood development, health, and early education among partners, public officials, policy makers, and the public. (PA-1)</td>
</tr>
</tbody>
</table>

### SFY13-15 Strategies
- Quality First (including CCHC, QF Scholarships, TEACH)
- Additional QF Scholarships
- Nutrition/Obesity/Physical Activity
- Parent Outreach and Awareness
- Scholarships Non-TEACH (SFY13-14)
Section III. B.  
SFY15 Funding Plan  
Changes in Strategies from SFY14 to SFY15  

(Note for December 3, 2013 Regional Partnership Council Meeting)  
A chart will be inserted here to reflect the changes between Fiscal Year 2014 and Fiscal Year 2015. These changes will include:  

1) Quality First is no longer shown as one strategy, and the funding amounts and targeted service units will be separated by all of the strategies included in the Quality First bundle. Changes will also include the elimination of the Quality First slot for the home child care provider, and the reduction of one additional Quality First scholarship.  

2) The increase in funding to the Nutrition Obesity and Physical Activity strategy.  

3) The increase in funding to the Parent Outreach and Awareness (Early Literacy) strategy.  

4) The elimination of funding to the Scholarships non-TEACH (Professional Career Pathway) strategy.  

5) The Statewide Evaluation funding level increase.
### Section III. C.
**SFY15 Funding Plan**

**Target Service Units Proposed**

#### SFY 15 Target Service Units Proposed

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Service Unit</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Target</td>
<td>Contracted</td>
</tr>
<tr>
<td>Quality First</td>
<td>Number of center based providers served</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Number of home based providers served</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Quality First Coaching &amp; Incentives</td>
<td>Number of Centers</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Number of Homes</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Number of Rating Only Centers</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Quality First Scholarships</td>
<td>Number of scholarship slots for children 0-5 years</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>Scholarships non-TEACH</td>
<td>Number of professionals receiving scholarships</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Scholarships TEACH</td>
<td>Number of professionals receiving scholarships</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>Child Care Health Consultation</td>
<td>Number of center based providers served</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Number of home based providers served</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Number of Non-QF Centers</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Number of Non-QF Homes</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Nutrition/Obesity/Physical Activity</td>
<td>Number of children served</td>
<td>216</td>
<td>216</td>
</tr>
<tr>
<td></td>
<td>Number of participating adults</td>
<td>300</td>
<td>300</td>
</tr>
<tr>
<td>Parent Outreach and Awareness</td>
<td>Number of books distributed</td>
<td>216</td>
<td>716</td>
</tr>
<tr>
<td></td>
<td>Number of events held</td>
<td>34</td>
<td>36</td>
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<tr>
<td></td>
<td>Number of resource guides distributed</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Number of workshops held</td>
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<td>4</td>
</tr>
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**Notes about SFY14 contracted service units and SFY15 proposed targets:**

#### Scholarships TEACH Service Numbers:
The Scholarships TEACH strategy has Target Service Units which reflect the strategy targets for both “Statewide funded TEACH” and “additional (Regional) TEACH”. Statewide funded TEACH slots are prioritized for Quality First providers and the Contracted Service Units include only the “additional TEACH” slots that are funded by the region. In FY14, Target Service Units for TEACH reflect the goal of the region and State to serve two scholars at every center enrolled in Quality First and one scholar for every home provider enrolled in Quality First. Contracted service units are lower than the target service unit goal for all regions in FY14 as they were derived from a formula that takes into account actual scholarship usage over the history of the program. For this region, we only have “Statewide funded TEACH” available and the contracted units are 5. In FY15, the Targeted and Contracted service units are the same.

#### Quality First Service Numbers:
Currently, there is no home based provider in the region, so the Regional Council is eliminating the slot for the home based provider service unit. The number of scholarships is also reduced due to the elimination of the home based provider slot. The Regional Council is reducing the number of additional scholarships by one to better align with the utilization rate.

#### Scholarships non-TEACH:
The Regional Council is eliminating this strategy due to no utilization.
Section III. D.
SFY15 Funding Plan
New Proposed Strategies

(No new strategies proposed for SFY15.)

Section III. E.
SFY15 Funding Plan
SFY15 Proposed Funding Summary including the SFY13-15 Regional Partnership Council Budget

<table>
<thead>
<tr>
<th>Allocations and Funding Sources</th>
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<th>2014</th>
<th>2015</th>
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<table>
<thead>
<tr>
<th>Strategies</th>
<th>Allotted</th>
<th>Allotted</th>
<th>Proposed Allotment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality First</td>
<td>$36,112</td>
<td>$54,043</td>
<td>$50,944</td>
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<tr>
<td>Quality First Academy</td>
<td></td>
<td>$2,819</td>
<td>$1,880</td>
</tr>
<tr>
<td>Quality First Child Care Health Consultation Warmline</td>
<td>$142</td>
<td></td>
<td>$94</td>
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<tr>
<td>Quality First Coaching &amp; Incentives</td>
<td></td>
<td>$42,141</td>
<td>$43,026</td>
</tr>
<tr>
<td>Quality First Inclusion Warline</td>
<td></td>
<td>$627</td>
<td>$420</td>
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<tr>
<td>Quality First Mental Health Consultation Warmline</td>
<td>$645</td>
<td></td>
<td>$432</td>
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<tr>
<td>Quality First Warmline Triage</td>
<td></td>
<td>$251</td>
<td>$152</td>
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<tr>
<td>Child Care Health Consultation</td>
<td>$5,040</td>
<td>$7,418</td>
<td>$4,940</td>
</tr>
<tr>
<td>Quality First Scholarships</td>
<td>$121,441</td>
<td>$102,580</td>
<td>$171,318</td>
</tr>
<tr>
<td>Nutrition/Obesity/Physical Activity</td>
<td>$27,102</td>
<td>$27,102</td>
<td>$49,054</td>
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<tr>
<td>Parent Outreach and Awareness</td>
<td>$60,000</td>
<td>$105,000</td>
<td>$106,500</td>
</tr>
<tr>
<td>Scholarships non-TEACH</td>
<td>$1,500</td>
<td>$1,500</td>
<td>$0</td>
</tr>
<tr>
<td>Statewide Evaluation</td>
<td>$6,290</td>
<td>$13,648</td>
<td>$18,979</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$257,485</td>
<td>$303,873</td>
<td>$396,795</td>
</tr>
<tr>
<td><strong>Total Unallotted</strong></td>
<td>$120,935</td>
<td>$135,836</td>
<td>$47,103</td>
</tr>
</tbody>
</table>

Notes about SFY15 funding plan summary:
In SFY2013, $1,294 was reimbursed to the region from the Recruitment- Stipends/Loan Forgiveness strategy, and that amount is reflected in the SFY2014 Carry Forward From Previous Year line.

(Update for December 3, 2013 Regional Partnership Council Meeting)
The italicized amounts in the Quality First line for SFY2014 and SFY2015 are there for Regional Council information only, and will be removed prior to submitting to the Board.
1. When do you think a parent can begin to make a big difference on a child’s brain development? (For example: impact the child’s ability to learn?)

2. At what age do you think an infant or young child begins to really take in and react to the world around them?

3. At what age do you think a baby or young child can begin to sense whether or not his parent is depressed or angry, and can be affected by how his parents are feeling?

4. During the past week, how many days did you or other family members read stories to your child/children?

5. During the past week, how many days did you or other family members tell stories or sing songs to your child/children?

6. Children’s capacity for learning is pretty much set from birth and cannot be greatly increased or decreased by how the parents interact with them. This statement is...
   q Definitely True  q Probably True  q Probably False  q Definitely False

7. In terms of learning about language, children get the same benefit from hearing someone talk on TV versus hearing a person in the same room talking to them. This statement is....
   q Definitely True  q Probably True  q Probably False  q Definitely False

8. I feel I am able to support my child’s safety, health and well-being.
   q Strongly Agree  q Somewhat Agree  q Somewhat Disagree  q Strongly Disagree

9. I feel I am able to support my child’s learning and cognitive development.
   q Strongly Agree  q Somewhat Agree  q Somewhat Disagree  q Strongly Disagree
The following questions are about your child(ren)'s health:

10. How old were your children when they first went to the dentist?
   - Less than one
   - One
   - Two
   - Three
   - Four
   - Five
   - My children have not yet been to the dentist

11. Sometimes people have difficulty getting health care when they need it. During the past 12 months, was there any time when your children needed any of these types of care but it was delayed or not received:
   - Medical care
     - Yes
     - No
   - Dental care
     - Yes
     - No
   - Vision care
     - Yes
     - No
   - Mental health services
     - Yes
     - No
   - Something else
     - Yes
     - No (Specify ____________________??)

12. Please tell me if you are currently concerned a lot, a little or not at all about how your child(ren):
   - Talks and makes speech sounds? (ages 4 months – 5 years)
     - A lot concerned
     - A little concerned
     - Not at all concerned
   - Understands what you say? (ages 4 months – 5 years)
     - A lot concerned
     - A little concerned
     - Not at all concerned
   - Uses his/her hands and fingers to do things? (ages 4 months – 5 years)
     - A lot concerned
     - A little concerned
     - Not at all concerned
   - Uses his/her arms and legs? (ages 4 months – 5 years)
     - A lot concerned
     - A little concerned
     - Not at all concerned
   - Behaves? (ages 4 months – 5 years)
     - A lot concerned
     - A little concerned
     - Not at all concerned
   - Gets along with others? (ages 4 months – 5 years)
     - A lot concerned
     - A little concerned
     - Not at all concerned
   - Is learning to do things for himself/herself? (ages 10 months – 5 years)
     - A lot concerned
     - A little concerned
     - Not at all concerned
   - Is learning pre-school or school skills? (ages 18 months – 5 years)
     - A lot concerned
     - A little concerned
     - Not at all concerned
BACKGROUND QUESTIONS

1. Do you currently have a paid job?
   q Yes   q No

2. Are you currently....?
   q Married   q Single
   q Divorced/separated   q Widowed
   q Living with a partner

3. What is the highest grade or year of school you completed?
   q Less than high school graduate
   q High School Graduate
   q GED
   q Technical School/Vocational School
   q Some College (includes Associates Degree)
   q College Graduate
   q Postgraduate
   q I’m currently in school

4. What is your age?
   __________

5. How would you describe your ethnic or racial background:
   q Native American/ American Indian
   q Hispanic/Latino
   q African American/Black
   q Asian
   q White/European/Anglo
   q Hawaiian/Pacific Islander
   q Two or more races
   q Other (Specify): ________

6. Is your total family income before taxes...
   q Less than $10,000
   q $10,000 to $19,999
   q $20,000 to $29,999
   q $30,000 to $39,999
   q $40,000 to $49,999
   q $50,000 to $59,999
   q $60,000 to $74,999
   q $75,000 to $99,999
   q $100,000 or more

7. GENDER
   q Male
   q Female

8. Where do you live?
   Town:______________
   Zip code: __________

Thank you for completing this survey!
CRIT INDIAN DAYS
Oct. 3-6, 2013
Staff was on hand for a few hours each day introducing families to FTF and handing out educational reinforcement items.

Lana Flood Library Cart Dedication
CRIT Head Start, Nov. 20, 2013
Pictured from left to right, FTF Senior Director Gary Arnold, CRIT Tribal Council Vice-Chair Sylvia Homer, CRIT FTF RPC Chair Veronica Homer and CRIT FTF Regional Director Ashley Pascual.

CRIT Head Start Screenings
Oct. 16, 2013
37 kids received bags and books following health screenings, along with resources to take home and share.

Parent Awareness Workshop
Blue Water Casino, Oct. 23, 2013
Featured Dr. Don Bartlett talking to foster parents and social workers about learning from his mistakes as a foster parent. Bartlett presented “Macaroni At Midnight” to Parker students a few days later as part of Red Ribbon Week. FTF also helped sponsor the Red Ribbon Family Fun Day Oct. 27.
Best holiday gift for kids under 6?
Simple toys, quality time with adults

Black Friday ads, websites, blogs, relatives and friends all have suggestions on the latest must-have toys for kids, but when it comes to promoting learning for children 5 and younger, basic toys and time with adult caregivers are the best presents a child can receive.

“All the fancy bells and whistles – and the price tag that goes with them – don’t necessarily translate in to learning for young kids,” said Sam Leyvas, Chief Executive Officer for First Things First. “Toys that appeal to the way the brains of infants, toddlers and preschoolers work – especially those that can involve adults in their play – will be used most by young children in the long term, and will help them develop skills they need to be successful once they enter school.”

Research shows that 80 to 90 percent of a child’s brain develops by the time they are five years old. During that time, children learn most through interactions with adults, play and experimentation.

“That’s why you often see kids more interested in the box or wrapping the toy comes in than the toy itself,” Leyvas said. “To us, it’s a box; but to a child’s imagination, it’s a rocket ship, a castle, a school, a cave, and a million other things.”

The top choice for holiday gifts that will fire up young kids’ minds? Books, and your time in reading them. Reading to children – 15 minutes per day for infants, 30 minutes a day for toddlers and preschoolers – is the most important way to encourage language and literacy and impact school performance. Other tips for brain-building toys by age include:

**Infants (under 1 year old)** – toys where the child’s touch creates sounds, flashing lights or other action; toys they can safely chew on; toys with mirrors, where they can observe facial expressions.

**Toddlers (1-3 years old)** – toys they can ride on or climb on; balls to roll, catch, etc.; blocks or building-type toys; toys that encourage matching and sorting shapes, colors or objects; and, materials for playing with sand, water and other textures.

**Preschoolers (3-5 years old)** - anything that encourages imaginative play, such as dress-up clothes or toys that mimic household items or tools; puzzles and simple games; art supplies including plain white paper, markers, crayons, finger paints, molding clay or dough, etc.

Which gifts to consider carefully? Toys or games that require a lot of time in front of the computer or television. The American Academy of Pediatrics recommends that parents keep kids under 2 as “screen free” as possible, including television, movies and video games. For older children, limited screen time is recommended.

“Screens can’t replace people; and it’s those powerful interactions with adults that help young children learn,” Leyvas said. “Look for chances to read, talk, sing and play together – these will mean the most to a young child’s learning and build lasting holiday memories.”

And speaking of holiday memories, presents are not the only festive traditions that offer opportunities to help young kids learn. Holiday decorating offers an opportunity for children to learn about shapes and colors. Cooking or baking family favorites is a chance to learn about numbers and textures. And, singing along to holiday music and telling stories about prior holidays build vocabulary.
 Updates

**Kindergarten Developmental Inventory Update**
- Progress continues toward developing and implementing an Arizona Kindergarten Developmental Inventory (KDI) tool.
- The Task Force convened by the Piper Charitable Trust completed their work in July, and a report of that work is in the works.
- The U.S. Department of Education has awarded more than $15.1 million in enhanced Assessment Grants to three state education agencies – North Carolina, Maryland and Texas – to develop or enhance their Kindergarten Entry Assessments.
- North Carolina’s award amounts to more than $6.1 million.
- Arizona is part of the 11-state consortium led by North Carolina.
- In addition to Arizona, other states in the North Carolina consortium include Delaware, Iowa, Maine, North Dakota, Oregon, Rhode Island, Washington DC and South Carolina as collaborating states.

**Race to the Top Application Update**
- The latest round of the federal Race to the Top – Early Learning Challenge Grant was released several weeks ago.
- Arizona is eligible for up to $52.5 million over four years.
- Governor Brewer designated First Things First as the lead agency in coordinating the work for the application.
- The application which took countless hours and enormous manpower has been submitted.

**2013 Early Childhood Summit Wrap Up**
- A record 1,223 participants attended the 2013 Early Childhood Summit in August.
- Of the 1,233 attendees, 216 were Regional Council Members and 70 were First Things First staff.
- 353 attended the Pre-Summit; 235 at the Tribal Gathering.

**New Publications Available**
Two new publications were recently released by First Things First and are available at [www.azftf.gov](http://www.azftf.gov).

The **Strong Families: A Key to School Readiness and Success** is a policy brief that describes how family factors impact a young child’s development. The brief also outlines the role First Things First plays in partnering with families so they feel empowered in making the best choices for their young children.

The **First Things First 2013 Annual Report** features data and personal stories that help paint a picture of the impact of Arizona’s commitment to young children. The report provides a snapshot of the progress and the role of First Things First to prepare more Arizona Young children for success in kindergarten and beyond.
Upcoming Events

December 4th: Capacity Building Community Meeting, Lake Havasu City, 10:00am – 12:00
β Over the past year, the Alliance of Arizona Nonprofits, in partnership with First Things First, conducted an extensive research project to discover the strengths, challenges and opportunities for organizations statewide to successfully partner with First Things First. A community meeting will be held on December 4th in the Lake Havasu Unified School District Board Room located at 2200 Havasupai Blvd in Lake Havasu City, and the Alliance of Arizona Nonprofits will give a presentation on implementing capacity building.

December 9th-10th: First Things First State Board Meeting, Tucson
β The next Board Meeting will occur December 9th and 10th in Tucson. Agenda items are being finalized, but will include a presentation made by the Discretionary Funding Ad Hoc Committee and possible appointment of Regional Partnership Council Members.

December 18th: Parent Outreach Workshop, Blue Water Casino, Parker, 8:30am – 2:30pm
β This workshop, hosted by CRIT Department of Health and Social Services, and facilitated by the Association for Supportive Child Care’s Kith and Kin Project, is open to “all the Tribes of the River.” The focus of this workshop is to provide training to parents, caregivers, family and friends to support their child’s learning through everyday activities and play. Breakfast and lunch will be provided. Please RSVP to CRIT Department of Health and Social Services at 928-669-5588.

January 21st – 22nd: First Things First State Board Meeting, FTF Board Room, Phoenix
β Regional Director Ashley Pascual will present the FY2015 Regional Funding Plan Recommendations to the Board for their consideration. The Board meeting will be viewable at any FTF Regional Office via Live Meeting. Please contact Byllie Esquerra at 928-669-2473 if you are interested in viewing the presentation of the funding plan or the full meeting from the FTF office in Parker.

January 28th: Colorado River Indian Tribes Regional Partnership Council Meeting, 10:00am
β The next Colorado River Indian Tribes Regional Partnership Council Meeting will begin at 10:00am on January 28th. An important item on the agenda will be the consideration of approval for the Scopes of Work for the Fiscal Year 2015 grant agreements.
COLORADO RIVER INDIAN TRIBES REGIONAL PARTNERSHIP COUNCIL

2014 MEETING DATES

(All meetings occur on the last Tuesday of the month, EXCEPT for the 1st Tuesday in August)

January 21-22, 2014 – FTF Staff presents FY2015 Funding Plan to Board

JANUARY 28, 2014
FEBRUARY 25, 2014
MARCH 25, 2014
APRIL 29, 2014
MAY - NO MEETING
JUNE 24, 2014
JULY - NO MEETING
AUGUST 5, 2014

August, TBD – AZ Early Childhood Summit

SEPTEMBER 30, 2014
OCTOBER 28, 2014
NOVEMBER 25, 2014*

DECEMBER – NO MEETING

Approved ____________________